

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Academy of Family Physicians Political Action Committee

ADDRESS (number and street) ▼

1133 Connecticut Avenue, NW

Suite 1100

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00411553

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☒ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Hugh M Taylor MD

Signature of Treasurer

Hugh M Taylor MD

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
11 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y  
11 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2015</span>		<span style="border: 1px solid black; padding: 2px;">439447.27</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">415296.33</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">38627.43</span>	<span style="border: 1px solid black; padding: 2px;">426632.36</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">453923.76</span>	<span style="border: 1px solid black; padding: 2px;">866079.63</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">56218.63</span>	<span style="border: 1px solid black; padding: 2px;">468374.50</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">397705.13</span>	<span style="border: 1px solid black; padding: 2px;">397705.13</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	24250.79	283705.65
(ii) Unitemized .....	14132.00	135495.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38382.79	419201.09
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	38382.79	419201.09
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	244.64	7431.27
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	38627.43	426632.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	38627.43	426632.36

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1168.63	8039.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1168.63	8039.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55000.00	458700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	50.00	1635.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	50.00	1635.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	56218.63	468374.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56218.63	468374.50

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	38382.79	419201.09
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	1635.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38332.79	417566.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1168.63	8039.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	244.64	7431.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	923.99	608.23

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. marie F agleham MD**

Mailing Address 3553 Whipple Rd

City

State

Zip Code

Union City

CA

94587-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	13	/	2015

Transaction ID : C3191377

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. marie F agleham MD**

Mailing Address 3553 Whipple Rd

City

State

Zip Code

Union City

CA

94587-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2015

Transaction ID : C3194647

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Kelly Alberda MD**

Mailing Address 1425 Gorham St

City

State

Zip Code

Austin

TX

78758-3760

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

Transaction ID : C3199084

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Janet R Albers MD**

Mailing Address 612 Woodbridge Rd

City State Zip Code  
 Springfield IL 62711-5666

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SIU SOM

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 27 / 2015

**Transaction ID : C3200700**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Charles E Baker MD**

Mailing Address 699 Arlan Franklin Road

City State Zip Code  
 Crossnore NC 28616-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : C3199062**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Frederic Baker MD**

Mailing Address 32 Mark Cir

City State Zip Code  
 Holden MA 01520-1410

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMMHC

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

473.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2015

**Transaction ID : C3189354**

Amount of Each Receipt this Period

43.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

458.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 51  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David Orrin Barbe MD**

Mailing Address 120 W 16th St

City

Mountain Grove

State

MO

Zip Code

65711-1039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1365.00

Date of Receipt

11 / 16 / 2015

**Transaction ID : C3196439**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Cedric T Barnes DO**

Mailing Address PO Box 337

City

Milford

State

DE

Zip Code

19963-0337

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.50

Date of Receipt

11 / 30 / 2015

**Transaction ID : C3200793**

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

**C. Herve Herve Bezard Bezard**

Mailing Address 895 Adams Blvd

City

Boulder City

State

NV

Zip Code

89005-2235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 16 / 2015

**Transaction ID : C3193602**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

766.50



**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Catherine A Bishop MD**

Mailing Address 26 Applewood Dr

City	State	Zip Code
Chillicothe	OH	45601-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2015

Transaction ID : C3194666

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Reid B Blackwelder MD**

Mailing Address 4407 Leedy Rd

City	State	Zip Code
Kingsport	TN	37664-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ETSU

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2015

Transaction ID : C3192942

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Mott Parks Blair MD**

Mailing Address 411 E Westbrook St

City	State	Zip Code
Wallace	NC	28466-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Vidant Medical Group

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2015

Transaction ID : C3197324

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

575.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Karla L Booker MD**

Mailing Address 3945 Cranbrook Ct NW

City

Lilburn

State

GA

Zip Code

30047-2696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Gwinette Hospital System

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

319.41

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		05		2015

Transaction ID : C3186893

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

**B. Lindsay Kathryn Botsford MD**

Mailing Address 2506 Hazard St

City

Houston

State

TX

Zip Code

77019-6756

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Hermann Hospital System

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		07		2015

Transaction ID : C3189423

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

**C. June G Bredin MD**

Mailing Address 4924 153rd PI SW

City

Edmonds

State

WA

Zip Code

98026-4435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sate of Washington DSHS

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		24		2015

Transaction ID : C3199043

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)..... ►

476.63

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mary F Campagnolo MD**

Mailing Address 1561 Route 38 Ste 6

City

Lumberton

State

NJ

Zip Code

08048-2939

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Virtua Medical Group

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	06	/	2015

Transaction ID : C3188697

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Elijah Grady Cline MD**

Mailing Address PO BOX 1441

City

La Follette

State

TN

Zip Code

37766-1441

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	23	/	2015

Transaction ID : C3199803

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Frank A Crociata DO**

Mailing Address 51 Kinsey Rd

City

New Hartford

State

CT

Zip Code

06057-3327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Litchfield hills family medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	04	/	2015

Transaction ID : C3185327

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Jose M David MD**

Mailing Address 804 Huntington Ct

City  
AlbanyState  
NYZip Code  
12203-6015FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		22		2015

Transaction ID : C3197325

Amount of Each Receipt this Period

833.00

Full Name (Last, First, Middle Initial)

**B. Thomas M Dean MD**Mailing Address PO Box 335  
409 W. 10th Street

City

Wessington Springs

State

SD

Zip Code

57382-0335

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Horizon Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2015

Transaction ID : C3185332

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Atul Devani**

Mailing Address 1107 E 66Th St

City

Savannah

State

GA

Zip Code

31404-5701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

self employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		09		2015

Transaction ID : C3190077

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1563.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 51  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Barbara J Doty MD**

Mailing Address 2250 S Woodworth Loop  
Ste 100

City State Zip Code  
Palmer AK 99645-7457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Matanuska Health care

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

11 / 23 / 2015

**Transaction ID : C3199804**

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. James A Ellzy MD**

Mailing Address 1351 Bryant St NE  
Apt 4

City State Zip Code  
Washington DC 20018-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Employed

Occupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.10

Date of Receipt

11 / 19 / 2015

**Transaction ID : C3195405**

Amount of Each Receipt this Period

34.10

Full Name (Last, First, Middle Initial)

**c. Gerard Faugno MD**

Mailing Address 160 Ridge Rd

City State Zip Code  
Lyndhurst NJ 07071-1253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 04 / 2015

**Transaction ID : C3185342**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

549.10

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Troy Treanor Fiesinger MD**

Mailing Address 14023 Southwest Fwy

City

Sugar Land

State

TX

Zip Code

77478-3550

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 12 / 2015

**Transaction ID : C3190765**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Wanda D Filer MD**

Mailing Address 510 Aqua Ct

City

York

State

PA

Zip Code

17403-3623

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategic Health Institute

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

11 / 09 / 2015

**Transaction ID : C3189488**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Walter F Fletcher MD**

Mailing Address PO BOX 486

City

Martin

State

TN

Zip Code

38237-0486

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2015

**Transaction ID : C3185360**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephanie J Foley**

Mailing Address 5518 Butterfly Ln Apt 307  
2100 Erwin Road

City State Zip Code  
Durham NC 27707-9078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Blue Ridge Family Physicians

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2015

**Transaction ID : C3197326**

Amount of Each Receipt this Period

30.42

Full Name (Last, First, Middle Initial)

**B. Roger Neal Fowler MD**

Mailing Address 4418 Cascades Blvd

City State Zip Code  
Tyler TX 75709-5385

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Trinity Clinic

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2015

**Transaction ID : C3199916**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Theresa C Garcia MD**

Mailing Address 914 SW Shorthorn Dr

City State Zip Code  
Grain Valley MO 64029-9487

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2015

**Transaction ID : C3199103**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

495.42

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. David J Gavareski MD**

Mailing Address 1505 Lakeway Pl

City	State	Zip Code
Bellingham	WA	98229-5133

FEC ID number of contributing federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

11 / 04 / 2015

**Transaction ID : C3185349**

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

**B. Andrea M Gavin MD**

Mailing Address 2600 Kiley Way

City	State	Zip Code
Plymouth	WI	53073-5020

FEC ID number of contributing federal political committee.

C

Name of Employer

Aurora Health Care

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

865.00

Date of Receipt

11 / 23 / 2015

**Transaction ID : C3199918**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Cathy Waterman Grace MD**

Mailing Address 1051 Boylan Rd

City	State	Zip Code
Bozeman	MT	59715-1503

FEC ID number of contributing federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

830.00

Date of Receipt

11 / 02 / 2015

**Transaction ID : C3201407**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1225.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 17 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Connie H Hahn DO**

Mailing Address 605 Hyalite View Dr

City

Bozeman

State

MT

Zip Code

59718-7377

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bozeman Deaconess Family Medicine and

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.86

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	17	/	2015

**Transaction ID : C3193608**

Amount of Each Receipt this Period

52.14

Full Name (Last, First, Middle Initial)

**B. Jeffrey Allen Harwood MD**

Mailing Address 182 W Main St

City

New London

State

OH

Zip Code

44851-1044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2015

**Transaction ID : C3185370**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Daniel J Heinemann MD**

Mailing Address 1305 W 18th St

City

Sioux Falls

State

SD

Zip Code

57105-0401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sioux Valley Health Systems

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2015

**Transaction ID : C3197366**

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

567.14

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Byron Hoehn MD**

Mailing Address 1111 S 2nd Ave

City

Walla Walla

State

WA

Zip Code

99362-4118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 24 / 2015

**Transaction ID : C3199071**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Wayne K Hoffman MD**

Mailing Address 408 Rock Springs Rd Ne

City

Atlanta

State

GA

Zip Code

30324-5102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

930.00

Date of Receipt

11 / 02 / 2015

**Transaction ID : C3189717**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. James S Irwin MD**

Mailing Address 112 5Th Ave W

Family Care Physicians, P.A.

City

Jerome

State

ID

Zip Code

83338-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Lukes-Jerome

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

11 / 23 / 2015

**Transaction ID : C3199799**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

965.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Marc D Irwin MD**

Mailing Address 19420 Mockingbird Rd

City

Canyon

State

TX

Zip Code

79015-5848

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		18		2015

**Transaction ID : C3194640**

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**B. Joseph M Jeu MD**

Mailing Address 3958 Leap Rd Ste 101

City

Hilliard

State

OH

Zip Code

43026-3107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hilliard Family Medicine, Inc.

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		18		2015

**Transaction ID : C3194646**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Gregory King MD**

Mailing Address 1120 Vail Rd

City

Bennington

State

VT

Zip Code

05201-9597

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

495.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		07		2015

**Transaction ID : C3189424**

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

680.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mary V Krueger MD**

Mailing Address 4739 16th St N

City  
ArlingtonState  
VAZip Code  
22205-2622FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

**Transaction ID : C3199102**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Robert M Kuhnhehn DO**

Mailing Address 4366 Bradley Rd

City  
WestlakeState  
OHZip Code  
44145-5016FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

**Transaction ID : C3199079**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. James Edward Lacey MD**

Mailing Address 101 Oak Leaf Dr

City  
ChestertownState  
MDZip Code  
21620-1180FEC ID number of contributing  
federal political committee.

C

Name of Employer

CCHS

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

799.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	02	/	2015

**Transaction ID : C3189707**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

830.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 51  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael H Lambke MD**

Mailing Address 46 Fairview Ave

City

Skowhegan

State

ME

Zip Code

04976-1471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 04 / 2015

**Transaction ID : C3185346**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Aaron Aaron Lanik**

Mailing Address 120 N 16th St

City

Geneva

State

NE

Zip Code

68361-2213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Fillmore County Medical Center

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 07 / 2015

**Transaction ID : C3189445**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**C. Robyn A Liu MD**

Mailing Address 1604 SE Stark St

City

Portland

State

OR

Zip Code

97214-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 05 / 2015

**Transaction ID : C3203892**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

780.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Catherine Livingston MD**

Mailing Address 2422 SE 35th Pl

City

Portland

State

OR

Zip Code

97214-5812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ORSU

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	18	/	2015

Transaction ID : C3194668

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Scott Alfred Luking MD**

Mailing Address 195 Birdhaven Trl

City

Reidsville

State

NC

Zip Code

27320-8070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Reidsville Family Medicine

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	04	/	2015

Transaction ID : C3185355

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher M Mahr MD**

Mailing Address 3085 Firestone Ct

City

Sumter

State

SC

Zip Code

29150-7075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Colonial Family Practice

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

499.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	10	/	2015

Transaction ID : C3190050

Amount of Each Receipt this Period

40.50

SUBTOTAL of Receipts This Page (optional)..... ▶

390.50

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 51

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kevin B Martin MD**

Mailing Address 2903 219th Ave E

City

Lake Tapps

State

WA

Zip Code

98391-5634

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Life Care Physician Services

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 26 / 2015

Transaction ID : C3200691

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Larry Thomas McClure MD**

Mailing Address 908 Wallace Ave  
Ste 103

City

Leitchfield

State

KY

Zip Code

42754-1479

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

11 / 18 / 2015

Transaction ID : C3194662

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**C. Jorge A Meaux MD**

Mailing Address 73 Calle Santa Cruz

City

Bayamon

State

PR

Zip Code

00961-6938

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.40

Date of Receipt

11 / 05 / 2015

Transaction ID : C3186894

Amount of Each Receipt this Period

121.70

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

541.70

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Douglas Terry Mehaffie MD**

Mailing Address 1519 Calhoun St

City

New Orleans

State

LA

Zip Code

70118-6137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		24		2015

**Transaction ID : C3199076**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

**Transaction ID : C3185347**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**c. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2015

**Transaction ID : C3194649**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

465.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 51  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John S Meigs MD**

Mailing Address PO Box 289

100 Serendipity Dr

City

Brent

State

AL

Zip Code

35034-0289

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : C3199036**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. Katherine Merrill MD**

Mailing Address 35798 Dow Ln

City

Astoria

State

OR

Zip Code

97103-8110

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2015

**Transaction ID : C3194650**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**c. F Bradford Bradford Meyers MD**

Mailing Address PO Box 414

City

Jefferson

State

WI

Zip Code

53549-0414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dean Clinic

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

399.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 19 / 2015

**Transaction ID : C3195406**

Amount of Each Receipt this Period

33.75

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2058.75

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 26 OF 51  
 (check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. F Bradford Bradford Meyers MD**

Mailing Address PO Box 414

City

Jefferson

State

WI

Zip Code

53549-0414

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dean Clinic

Occupation

Family Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

399.50

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2015

Transaction ID : C3200794

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

**B. Jeremy Phillip Mitchell**

Mailing Address 103 Anderson Pl

City

Polson

State

MT

Zip Code

59860-2180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Providence St Joseph

Occupation

Family Medicine

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 11 / 09 / 2015

Transaction ID : C3190084

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Anne M Montgomery MD**

Mailing Address 44818 Oro Grande Cir

City

Indian Wells

State

CA

Zip Code

92210-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

Family Physician

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2015

Transaction ID : C3200724

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

381.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 51  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Dale C Moquist MD**

Mailing Address PO Box 4624

City State Zip Code  
 Horseshoe Bay TX 78657-4624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1008.26

Date of Receipt

11 / 09 / 2015

**Transaction ID : C3203893**

Amount of Each Receipt this Period

91.66

Full Name (Last, First, Middle Initial)

## **B. Shani Ife Muhammad**

Mailing Address 1229 E Perrin Ave Apt 104

City State Zip Code  
 Fresno CA 93720-5053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Kings Winery Clinic

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.78

Date of Receipt

11 / 05 / 2015

**Transaction ID : C3186895**

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

## **C. Carl M Myers MD**

Mailing Address 7501 NW Eastside Dr

City State Zip Code  
 Kansas City MO 64152-1798

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Meritas Inc

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 16 / 2015

**Transaction ID : C3196475**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

187.29

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Nafisa U Neighbors MD**Mailing Address 2089 Cecil Ashburn Dr SE  
Ste 101

City	State	Zip Code
Huntsville	AL	35802-2568

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2015

Transaction ID : C3185351

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Mary S Nguyen MD**

Mailing Address 5727 Welsch Vw

City	State	Zip Code
San Antonio	TX	78249-3149

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Medina Valley Family Practice

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2015

Transaction ID : C318538

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

**C. Dennis Earl Novak MD**

Mailing Address 1001 Lacey Rd

City	State	Zip Code
Forked River	NJ	08731-0780

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	04	/	2015

Transaction ID : C3185368

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1335.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Carl Raymond Olden MD**

Mailing Address 311 S 72nd Ave

City  
YakimaState  
WAZip Code  
98908-1661FEC ID number of contributing  
federal political committee.

C

Name of Employer

Yakima Valley Memorial Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	07	/	2015

**Transaction ID : C3189425**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Cheri L Olson MD**

Mailing Address 815 10th St S

City  
La CrosseState  
WIZip Code  
54601-4764FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic Health System

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	04	/	2015

**Transaction ID : C3185334**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**c. Javette C Orgain MD**

Mailing Address PO Box 806527

City  
ChicagoState  
ILZip Code  
60680-4126FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vitas Innovative Hospice

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	28	/	2015

**Transaction ID : C3200725**

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

575.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William R Phillips MD**

Mailing Address PO BOX 356390

City  
Seattle

State  
WA

Zip Code  
98195-6390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Washington

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 04 / 2015

**Transaction ID : C3185345**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Bryan Anthony Picou MD**

Mailing Address 1029 Keyser Ave Ste G  
# A

City

Natchitoches

State

LA

Zip Code

71457-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Natchitoches Medical Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

11 / 02 / 2015

**Transaction ID : C3189708**

Amount of Each Receipt this Period

360.00

Full Name (Last, First, Middle Initial)

**C. Suja Perakathu Pilli MD**

Mailing Address 597 W Sesame Dr  
Ste B

City

Harlingen

State

TX

Zip Code

78550-8366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

11 / 18 / 2015

**Transaction ID : C3194655**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1090.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 51

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Linda W Prine MD**Mailing Address 175 W 92nd St  
Apt 4B

City	State	Zip Code
New York	NY	10025-7522

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Institute for Family Health

Occupation

Director of Women's Health

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	28	/	2015

**Transaction ID : C3200749**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michelle Quiogue MD**

Mailing Address 2460 Pine St

City	State	Zip Code
Bakersfield	CA	93301-2742

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SCPMG

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.50

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	10	/	2015

**Transaction ID : C3190051**

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

**C. Lee P Ralph MD**

Mailing Address 6699 Alvarado Rd Ste 2100

City	State	Zip Code
San Diego	CA	92120-5238

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SD Sports Medicine and Family Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	05	/	2015

**Transaction ID : C3186896**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

586.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Srikar T Reddy MD**

Mailing Address 205 W Grand River Ave

City	State	Zip Code
Brighton	MI	48116-1659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
4-Serv Family Medicine PCOccupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	06	/	2015

**Transaction ID : C3188698**

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

**B. Paul J Reiss MD**

Mailing Address 28 Park Ave

City	State	Zip Code
Williston	VT	05495-9701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	24	/	2015

**Transaction ID : C3199047**

Amount of Each Receipt this Period

370.00

Full Name (Last, First, Middle Initial)

**c. Robert Chuck Rich MD**

Mailing Address PO Box 10

City	State	Zip Code
Bladenboro	NC	28320-0010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self EmployedOccupation  
Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2015

**Transaction ID : C3199975**

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

465.63

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Elisabeth L Righter MD**

Mailing Address 267 Park Dr

City	State	Zip Code
Dayton	OH	45410-1315

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	09	/	2015

Transaction ID : C3189489

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. Georgia White Roth MD**

Mailing Address 1801 Foothills Dr

City	State	Zip Code
Kerrville	TX	78028-3870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Retired

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	24	/	2015

Transaction ID : C3199037

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**c. Flora F Sadri-Azarbayejani DO**

Mailing Address 427 S Mountain Rd

City	State	Zip Code
Northfield	MA	01360-9684

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	19	/	2015

Transaction ID : C3195407

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Sarah L Sams MD**

Mailing Address 2994 Frazell Rd

City State Zip Code  
Hilliard OH 43026-9785

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : C3190269**

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. Dean A Schultz MD**

Mailing Address 1850 Hickory St

City State Zip Code  
Abilene TX 79601-2325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 16 / 2015

**Transaction ID : C3196482**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Windel A Stracener MD**

Mailing Address 1333 Hunters Pointe Dr

City State Zip Code  
Richmond IN 47374-7184

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 11 / 2015

**Transaction ID : C3190270**

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

620.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 35 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Glen R Stream MD**

Mailing Address 44818 Oro Grande Cir

City State Zip Code  
Indian Wells CA 92210-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Eisenhower Medical Associates

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2015

**Transaction ID : C3197303**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Raja Talati Md Talati MD**

Mailing Address 805 SW Classico Ct

City State Zip Code  
Port Saint Lucie FL 34986-2338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 10 / 2015

**Transaction ID : C3190052**

Amount of Each Receipt this Period

32.50

Full Name (Last, First, Middle Initial)

## **C. Stacy J Taylor MD**

Mailing Address 173 E Cotton Hill Rd

City State Zip Code  
New Hartford CT 06057-3524

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Charlotte Hungerford Hospital

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2015

**Transaction ID : C3183443**

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

313.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael P Temporal MD**

Mailing Address 717 Beartooth Cir

City

Laurel

State

MT

Zip Code

59044-9665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Billings Clinic

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

273.78

Date of Receipt

11 / 06 / 2015

Transaction ID : C3188699

Amount of Each Receipt this Period

45.63

Full Name (Last, First, Middle Initial)

**B. Lloyd P Van Winkle MD**

Mailing Address PO Box 960

City

Castroville

State

TX

Zip Code

78009-0960

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medina Valley Family Practice

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 02 / 2015

Transaction ID : C3183539

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. William H Vetter MD**

Mailing Address 1102 E Locust St

City

Emmett

State

ID

Zip Code

83617-2713

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Walter Knox Memorial Hospital

Occupation

Family Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

298.00

Date of Receipt

11 / 08 / 2015

Transaction ID : C3189467

Amount of Each Receipt this Period

31.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

126.63

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruce Alan Wallstedt MD**

Mailing Address 6323 Canterbury Close

City State Zip Code  
 Brentwood TN 37027-4870

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self Employed

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 10 / 2015

**Transaction ID : C3190053**

Amount of Each Receipt this Period

36.50

Full Name (Last, First, Middle Initial)

**B. Kevin S Wang MD**

Mailing Address 1823 Terry Ave  
 Apt 1609

City State Zip Code  
 Seattle WA 98101-2406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Swedish Medical Center

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 24 / 2015

**Transaction ID : C3199085**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. Thomas J Weida MD**

Mailing Address 845 Fishburn Rd

City State Zip Code  
 Hershey PA 17033-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

322.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 12 / 2015

**Transaction ID : C3190848**

Amount of Each Receipt this Period

46.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

182.50

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dean Angela Weldon MD**

Mailing Address 288 SW Judson Dr

City

Oak Harbor

State

WA

Zip Code

98277-5800

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PhyAmerica and US Navy

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	24	/	2015

**Transaction ID : C3199039**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. Richard Andre Wherry MD**

Mailing Address 59 Tipton Dr

City

Dahlonega

State

GA

Zip Code

30533-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Health

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	08	/	2015

**Transaction ID : C3189468**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Chad L White MD**

Mailing Address PO Box 487

City

Hamlin

State

TX

Zip Code

79520-0487

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

515.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	16	/	2015

**Transaction ID : C3196493**

Amount of Each Receipt this Period

365.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

980.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 51  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jason Wilbur MD**

Mailing Address 200 Hawkins Dr

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2015

**Transaction ID : C3199055**

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

**B. John Williams MD**

Mailing Address 104 Rufus Ln

City

Polson

State

MT

Zip Code

59860-8903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Family Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2015

**Transaction ID : C3190849**

Amount of Each Receipt this Period

31.00

Full Name (Last, First, Middle Initial)

**C. Steven M Yoder MD**

Mailing Address 635 W 25Th Ave

City

Eugene

State

OR

Zip Code

97405-2458

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 24 / 2015

**Transaction ID : C3199045**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

646.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Joseph W Zebley MD**

Mailing Address 3810 Juniper Rd

City  
Baltimore

State  
MD

Zip Code  
21218-1827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greenspring Medical Associates

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2015

Transaction ID : C3196495

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00

24250.79



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Academy of Family Physicians**

Mailing Address 11400 Tomahawk Creek Pkwy

City

Leawood

State

KS

Zip Code

66211-2672

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

7431.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 09 / 2015

**Transaction ID : C3190041**

Amount of Each Receipt this Period

244.64

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

244.64

244.64

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

3.96

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	1.48%

MM / DD / YYYY  
11 / 12 / 2015

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

8.13

13.57

[illegible]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 51

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 12 / 2015

Transaction ID : D169287

Amount of Each Disbursement this Period

1.01

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2015

Transaction ID : D169288

Amount of Each Disbursement this Period

14.35

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 16 / 2015

Transaction ID : D169289

Amount of Each Disbursement this Period

6.50

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21.86

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 51

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 16 / 2015

Transaction ID : D169290

Amount of Each Disbursement this Period

1.32

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2015

Transaction ID : D169282

Amount of Each Disbursement this Period

15.44

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53852

City Phoenix      State AZ      Zip Code 85072-3852

Purpose of Disbursement  
Bank card processing fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2015

Transaction ID : D169390

Amount of Each Disbursement this Period

3.25

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.01

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

M / D / Y

11 19 2015

Category/  
Type

Age Group	Percentage
18-24	11.86
25-34	11.86
35-44	11.86
45-54	11.86
55-64	11.86
65-74	11.86
75-84	11.86
85+	11.86

State:  District:

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Category/  
Type

46.15

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Response	Percentage
Yes	86.07

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Academy of Family Physicians Political Action Committee

#### A. Bank Of America Merchant Services

Three 7-segment displays are shown, each with a grey border. The first display shows '11' with 'M' in the top-left and top-right segments. The second display shows '02' with 'D' in the top-left and top-right segments. The third display shows '2015' with 'Y' in the top-left, top-right, middle-left, and middle-right segments. The displays are separated by forward slashes.

Mailing Address WA2-505-01-40  
PO Box 2485

City	State	Zip Code
Spokane	WA	99210-2485

Purpose of Disbursement
Bank card processing fee

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID : D169283

Amount of Each Disbursement this Period

1027.12

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

The diagram shows a rectangular container with a horizontal tube inside. A piston is located within this tube. The tube is connected to a vertical tube that extends upwards and then turns horizontally to the right, leading to a water level measurement system. The water level is measured by a vertical tube connected to a reservoir of water. The piston is driven by a motor.

**SUBTOTAL** of Disbursements This Page (optional).....

1027.12

**TOTAL** This Period (last page this line number only).....

1168.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic Senatorial Campaign Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Mailing Address 120 Maryland Ave NE

City	State	Zip Code
Washington	DC	20002-5610

Purpose of Disbursement  
Contribution to campaign committee building fund

Candidate Name

Category/  
Type**Transaction ID : D169291**

Amount of Each Disbursement this Period

15000.00
----------

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Headquarters

State: District:

Full Name (Last, First, Middle Initial)

**B. HUSKY PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Mailing Address 228 2nd St SE

City	State	Zip Code
Washington	DC	20003-1943

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Joe Courtney**Category/  
Type**Transaction ID : D169294**

Amount of Each Disbursement this Period

2500.00
---------

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 02

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Mailing Address 320 1st St SE

City	State	Zip Code
Washington	DC	20003-1838

Purpose of Disbursement  
Contribution to campaign committee building fund

Candidate Name

Category/  
Type**Transaction ID : D169292**

Amount of Each Disbursement this Period

15000.00
----------

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

Headquarters

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. ALAN LOWENTHAL FOR CONGRESS**

Mailing Address 6380 WILSHIRE BLVD., #1612

City	State	Zip Code
LOS ANGELES	CA	90048

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Alan Lowenthal**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 47

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : D169298**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City	State	Zip Code
ELK GROVE	CA	95758

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Ami Bera**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 07

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : D169299**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. FLEMING FOR CONGRESS**

Mailing Address PO Box 1236

City	State	Zip Code
Minden	LA	71058-1236

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. John Fleming**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: LA	District: 04

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : D169300**

Amount of Each Disbursement this Period

2500.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. MARK TAKANO FOR CONGRESS**

Mailing Address PO Box 5214

City	State	Zip Code
Riverside	CA	92517-5214

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Mark Takano

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 41

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : D169297

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. NANCY PELOSI FOR CONGRESS**

Mailing Address 607 14th Street, NW

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement  
Campaign contribution

Candidate Name

Rep. Nancy Pelosi

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : D169301

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF SCHUMER**

Mailing Address 509 MADISON AVE SUITE 1902

City	State	Zip Code
NEW YORK	NY	10022

Purpose of Disbursement  
Campaign contribution

Candidate Name

Sen. Charles E. Schumer

Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

Transaction ID : D169296

Amount of Each Disbursement this Period

2500.00
---------

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Academy of Family Physicians Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. SHORE PAC**

Mailing Address PO Box 3157

City	State	Zip Code
Long Branch	NJ	07740-3157

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Frank Pallone**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : D169295**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS**Mailing Address 228 S. Washington Street  
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
Campaign contribution

Candidate Name

**Rep. Fred Upton**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		17		2015

**Transaction ID : D169293**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00
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55000.00
----------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 51

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Dr. Laura Leeson Novak MD**

Mailing Address 2384 Balmoral Dr

City	State	Zip Code
Akron	OH	44333-2973

Purpose of Disbursement  
Refund of contribution made on 10/21/15

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/ Type
-------------------

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2015

Transaction ID : D169088

Amount of Each Disbursement this Period

50.00
-------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/ Type
-------------------

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/ Type
-------------------

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

50.00
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50.00
-------